

December, 1956  
Vol. XVII, No. 12

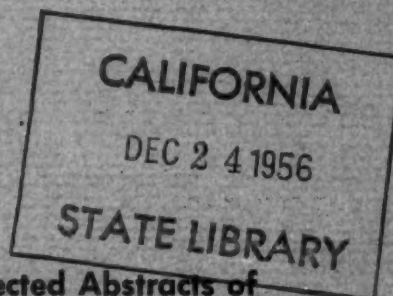
# Rehabilitation Literature

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to Workers with the Handicapped

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Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

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REHABILITATION LITERATURE serves as a monthly abstracting index to books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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New Addition to the Library's Periodical Collection

IMC, Association des Infirmes Moteurs-Cerebraux, 28 place St. Georges, Paris 9, France. Quarterly. No. 1, April, 1956.

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AMPUTATION--EQUIPMENT--RESEARCH  
See 1493.

AMPUTATION--MENTAL HYGIENE

1429. Weiss, Andor A. (1645 Grand Concourse, Bronx 52, N. Y.)  
The phantom limb. Annals Internal Med. Apr., 1956. 44:4:668-677.  
Reprint.

The "natural phantom" sensation is differentiated from phantom pain; various theories concerning the mechanism of production of the phantom are reviewed. Methods of treatment as reported in the literature are discussed. Loss of function as an important factor in causing phantom pain is stressed. The writer advocates early restoration of function, together with superficial psychotherapy and elimination of local sources of irritation of the stump, for the prevention of phantom pain.

ARTHRITIS--BIOGRAPHY  
See 1518.

AUDIO-VISUAL AIDS--DIRECTORIES

1430. U. S. Library of Congress

Film reference guide for medicine and allied sciences, by the Interdepartmental Committee on Medical Training Aids. Washington, D.C., The Library, 1956. 51 p. (June, 1956)

Revised semiannually, this guide includes entries for selected medical films and filmstrips currently available for borrowing or rental from the distributor. All entries selected have been of use in the medical program of at least one of the member agencies of the Interdepartmental Committee on Medical Training Aids. Annotations contain full information on type, source, and content of the film or filmstrip. An alphabetical subject index is provided for easier finding of a particular subject.

Available from Card Division, Library of Congress, Washington 25, D.C., at 45¢ a copy.

BACKACHE

1431. Coulter, Everett B. (205 Fernwell Bldg., Spokane, Wash.)

Prevention of back disability through preemployment x-rays. Indust. Med. and Surg. Nov., 1956. 25:11:523-524.

A report of a study investigating some of the medical and economic aspects of back disability; material reviewed consisted of 109 back injuries seen in the writer's practice during the period from 1953 through 1955. Time lost from work as a result of back injuries is a problem of considerable magnitude in industry. Pre-employment x-rays of applicants for employment were found to be an excellent method of excluding those with back disabilities who might become a

### BACKACHE (continued)

liability but it does not show up the applicant with a disc, those prone to develop a disc, or those with chronically weak backs more susceptible to injury.

### BIBLIOTHERAPY

1432. McDaniel, W. B., 2d (Library, Coll. of Physicians of Philadelphia, 19 S. 22nd St., Philadelphia 3, Pa.)

Bibliotherapy; some historical and contemporary aspects. Am. Library Assn. Bul. Oct., 1956. 50:9:584-589. Reprint.

Traces the historical background of bibliotherapy to ancient times, though it was not then known by the term, coinage of which is attributed to Americans as late as 1949. Aspects of bibliotherapy considered are: "...the relationship of religion to bibliotherapy, the impact of war on the latter's development, and, finally, its foreordained marriage with psychiatry...."

### BLIND--EMPLOYMENT

1433. U. S. Veterans Administration

Occupations of totally blinded veterans of World War II and Korea; for use in the vocational rehabilitation of the totally blind, prepared by the Department of Veterans Benefits. Washington, D.C., Gov't. Print. Off., 1956. 28 p. (VA pamph. 7-10)

A pamphlet telling how several hundred totally blind veterans of World War II and the Korean war are employed, prepared primarily as an aid to personnel of the Veterans Administration helping blinded veterans choose, prepare for, and entering suitable vocations. It will be valuable to all those engaged in rehabilitation of the blind, in that it points out possibilities for employment in a wide range of fields and occupations. Data are from a comprehensive survey covering the medical, psychological, socioeconomic and other aspects of the status and rehabilitation problems of approximately 2,000 veterans. This is a segment of the complete report in preparation by the Veterans Administration.

Available from U. S. Superintendent of Documents, Washington 25, D.C., at 25¢ a copy.

See also 1508.

### BLIND--EQUIPMENT

See 1493; 1499.

### BLIND--OCCUPATIONAL THERAPY

1434. Rouse, Dorothy D. (3355 16th St., N. W., Washington 10, D.C.)

Occupational therapy for blind patients, by Dorothy D. Rouse, Kathern F. Gruber, and C. W. Bledsoe. Am. J. Occupational Ther. Sept.-Oct., 1956. 10:5:252-253.

Because of the many different reactions to blindness, the occupational therapist must consider individual motivation in planning therapeutic activity for the blind. Some of the special problems encountered in therapeutic teaching of activities to blind persons are discussed; the therapist is warned against using only standard activities recommended for the blind.

#### BLIND--PARENT EDUCATION

1435. Scott, Eileen (Canadian Natl. Institute for the Blind, Western Div., 1101 Broadway West, Vancouver 9, B.C.)

The preschool blind child and his parents. Internatl. J. Educ. of the Blind. Oct., 1956. 6:1:5-10.

A discussion of the different reactions which parents of blind children display toward them and how sound attitudes may be developed for the best interests of both the children and their parents. Early referral, casework aid from professional groups and agencies for the purpose of solving family problems and relieving parents' anxieties, and the establishment of parents' groups under strong supportive leadership can aid parents in forming positive attitudes toward the care and education of the child. Such a program of services, developed by the Canadian National Institute for the Blind, is described here.

#### BLIND--PREVENTION

1436. National Society for the Prevention of Blindness (1790 Broadway, New York 19, N. Y.)

Prevent retrolental fibroplasia in premature infants with oxygen control, prepared by the... Jonathan T. Lanman, and Ada McLaughlin. New York, The Society (1956?). 3 p. diagrams. (Publ. no. 290)

Instructions for controlling both the duration and concentration of oxygen and descriptions of various devices used in supplying oxygen to premature babies are given. Source of supply and cost are included. The diagrams illustrate, with data from controlled studies, the value of oxygen limitation in the prevention of retrolental fibroplasia and differences in mortality between high and low oxygen groups. However, no one has yet demonstrated a reduced mortality in premature infants by any kind of oxygen therapy in a controlled study.

#### BLIND--PROGRAMS

1437. tenBroek, Jacobus

Within the grace of God. New Outlook for the Blind. Oct., 1956. 50: 8:328-335.

In this address delivered at the annual convention of the National Federation of the Blind in 1956, Dr. tenBroek, the Federation president, makes an analysis of public attitudes, both of lay persons and agency personnel, which deny the blind their rightful place as citizens able to live normal, constructive lives.

#### BLIND--SPECIAL EDUCATION

1438. Bryan, Charles A. (Graduate School, Florida State Univ., Tallahassee, Fla.)

Secondary school sciences for the blind. Internatl. J. Educ. of the Blind. Oct., 1956. 6:1:11-18.

With the increase of blind and partially sighted students in public high schools, the problem of adapting science courses to meet their limitations has arisen. The writer defines the aims of biology, chemistry, and physics as applied to blind students and suggests, from his own experience with students at Baltimore City College, how these subjects can be presented to them.



## BLIND--SPECIAL EDUCATION (continued)

1439. Sowell, Mary Harper (Arkansas School for the Blind, 2600 W. Markham St., Little Rock, Ark.)

A handbook for teachers in schools for the blind. Internatl. J. Educ. of the Blind. Oct., 1956. 6:1:2-4.

Suggestions for new teachers of the blind on the teacher's attitude toward blind children and how it will affect the success of their work, on actual teaching methods adapted to the blind, on what to expect in the way of accomplishments from pupils, on the integration of essential subjects with the standard curriculum, and on aiding pupils to become mentally, physically, and socially adjusted to their handicap.

See also 1498.

## BRAIN INJURIES

1440. Eisenberg, Leon (Harriet Lane Home for Children, Johns Hopkins Hosp., Baltimore, Md.)

Dynamic considerations underlying the management of the brain-damaged child, G.P. (General Practitioner). Oct., 1956. 14:4:101-106. Reprint.

Together with: Bibliography.

The third in G.P.'s series of five articles on the problems of brain damage in children, it discusses general features of the brain-damaged child rather than the more specific syndromes observed in particular clinical entities. Neurophysiologic considerations and psychosocial factors which may be responsible for certain clinical manifestations in the behavior of the brain-damaged child are examined. Differential diagnosis is essential for prescribing treatment, the general principles of which are mentioned briefly.

## BRAIN INJURIES--DIAGNOSIS

See 1524; 1529.

## BRAIN INJURIES--PHYSICAL THERAPY

1441. Torp, Mary Jane (U. S. Army Hosp., Fort Rucker, Ala.)

An exercise program for the brain-injured. Phys. Therapy Rev. Oct., 1956. 36:10:664-675.

An outline of an exercise program developed at Tokyo Army Hospital, Japan, from 1952 to 1954 for traumatic brain-injured patients. Neuro-muscular facilitation technics forming the basis of this program were discussed in a previous article by the author in Phys. Therapy Rev., Sept., 1956 (for annotation, see: Rehabilitation Literature, Nov., 1956, #1374). In this article the program is described by an illustrative case. The organization of treatment units, pre-reeducation activities, work stage method, and sequence of activities are discussed. Results of the program with 206 brain-injured patients are mentioned briefly.

## BRAIN INJURIES--SOCIAL SERVICE

1442. Johnson, Dagny (Hennepin Co. Welfare Board, Rm. 314, Court House, Minneapolis 15, Minn.)

The social worker's role in helping the brain-injured child. Am. J. Mental Deficiency. Oct., 1956. 61:2:419-421. Reprint.

#### BRAIN INJURIES--SOCIAL SERVICE (continued)

After a complete assessment has been made of the extent of brain injury in the child, the social worker, after careful study of the facts, formulates a social diagnosis and aids in the planning of treatment. Knowledge of educational procedures and techniques for the brain injured, of the individual child's needs, of ways to help in adjusting family and community relationships, community resources, and the ability to give support to parents when the child requires institutionalization are a necessity.

#### CEREBRAL PALSY

1443. Allen, I. M. (Kelvin Chambers, The Terrace, Wellington, C.1, N. Zealand)

Cerebral palsy and allied conditions in childhood. N. Zealand Med. J. Oct., 1955. 54:303:581-600. Reprint.

In this fourth Montgomery Spencer Memorial Lecture of the Royal Australian College of Physicians, given in September, 1955, Dr. Allen discusses the pathology, clinical features, physiology, management and treatment of cerebral palsy, based on his own detailed observations, on the factual observations of others as recorded in the literature, and especially on observations of others as to the facts upon which consideration of the pathology and causation is based. He stresses especially that diagnosis, management and training of the cerebral palsied calls for integrated services, with increased attention from the medical profession.

See also 1457.

#### CEREBRAL PALSY--ASIA

1444. Cameron, J. A. P. (305 Avenue Bldg., Saskatoon, Saskatchewan, Canada)

A review of the management of the crippled child with special reference to cerebral palsy. Med. J. Malaya. Sept., 1955. 10:1:48-59. Reprint.

While professor of Orthopedic Surgery at the University of Malaya, Dr. Cameron delivered this address to the Singapore Paediatric Society at their annual general meeting in 1955. He outlines the etiology and incidence of cerebral palsy, comparing statistics from Great Britain, the United States and Denmark. Also discussed are the nature of the lesion, i.e., types of cerebral palsy; early signs; problems associated with care and management of the child; management of the parent; intelligence testing; role of physical and occupational therapists; operative treatment; use of appliances; speech therapy; aims of education; and a coordinated scheme of treatment. In conclusion, he recommends care and treatment of all handicapped children in Singapore, with considerations for the special needs of the cerebral palsied.

#### CEREBRAL PALSY--SOUTH AMERICA

1445. Kilmer, Elizabeth B.

What are their chances? The modern approach to cerebral palsy. Americas. Sept., 1956. 8:9:21-26. Reprint.

Pictures and describes briefly the modern concept of cerebral palsy, its treatment, and what is being done for the cerebral palsied in South American countries.

#### CEREBRAL PALSY--BIBLIOGRAPHY

See 1530.

## CEREBRAL PALSY--EQUIPMENT

See 1515.

## CEREBRAL PALSY--MEDICAL TREATMENT

1446. O'Reilly, D. Elliott (4161 Lindell Blvd., St. Louis 8, Mo.)

Evaluation of cerebral palsy patients. Mo. Med. Nov., 1956. 53:11: 961-962.

Of 648 patients observed by Dr. O'Reilly, 522 were diagnosed as having cerebral palsy. Statistics are given on type by classifications; percentage of trainable cases, by type; classification of spastic cases by categories (site of paralysis) and trainability; results of training as reflected in original and present abilities; presence of speech impairment and history of convulsions; use of braces and special equipment; the value of Miltown and Flexin, tried on a few cases; number and types of operation performed in 56 cases (94 operations). Other findings indicate an increased proportion of spastic patients with a decrease in athetoid and rigidity cases. A decrease in patients that can be helped and an overall increase in the percentage of mental retardation have occurred. Experience has shown that specific diagnosis and prognosis are frequently difficult to assess before the age of 2.

See also 1458; 1459

## CEREBRAL PALSY--SPECIAL EDUCATION

See 1519.

## CHILD CARE

1447. U. S. Children's Bureau

Your child from one to six. Washington, D.C., Gov't. Print. Off., 1956. 110 p. illus. (Children's Bur. publ. no. 30, rev. 1956)

This revision of a pamphlet first published in 1918 reflects the many advances in knowledge about the rearing of healthy children. In the 1945 revision major emphasis was on physical health; more attention is given here to such subjects as "guiding children's imagination," "curiosity and questioning," and "constructive discipline." There are also new sections on how the child may learn to get along in the mother's absence, how to prepare the child for hospitalization, the advantages of nursery school, what to tell the child about death, and the question of television, among others. In the medical section 14 signs of mild or acute illness to which parents should pay particular attention are stressed. A complete immunization plan is provided for children from one month of age throughout childhood. The bulletin represents contributions of a wide range of professional personnel working with children.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 20¢ a copy.



#### CHILD GUIDANCE--INSTITUTIONS

1448. Anderson, Forrest N.

Some aspects of child guidance clinic intake policy and practices; a study of 500 cases at the Los Angeles Child Guidance Clinic, Los Angeles, California, by Forrest N. Anderson and Helen C. Dean. Washington, D.C., U.S. Public Health Service, 1956. 16 p. tabs. (Public Health monograph no. 42; Public Health Serv. publ. no. 485)

A report of a study analyzing and evaluating procedures used in the administration of 500 cases from the records of the Los Angeles Child Guidance Clinic, as well as the results obtained. Pertinent data have implications for intake policies as to types of cases most suitable for acceptance by the clinic and the probabilities of success or failure in treating given persons with given problems under given circumstances. Statistics are included on religious affiliation, family relationships, economic status, source of referral of children, distribution of most frequent presenting problems, results of intelligences tests of 270 children, psychiatric classification of 314 children, distribution of symptoms at application for clinic treatment, number being served by other agencies, cost of treatment and results.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 20¢ a copy.

#### CHILDREN (DEPENDENT)

1449. Glaser, Kurt (4108 Barrington Rd., Baltimore 7, Md.)

Maternal deprivation, by Kurt Glaser and Leon Eisenberg. Pediatrics. Oct., 1956. 18:4:626-642.

A discussion of what constitutes maternal deprivation and its physical, intellectual, and emotional effects on the child. Preventive and therapeutic measures to offset effects of separation of mother and child are discussed briefly. Effects of physical neglect and emotional rejection by the mother have not been dealt with here.

#### CLOTHING

1450. Scruggs, Anna T. (Enid State School, Enid, Okla.)

The clothing program at Enid State School. Am. J. Mental Deficiency. Oct., 1956. 61:2:328-336.

Operating with a limited per capita budget that ranks 44th in the nation, Enid State School has proved that a clothing program need not be expensive and can be a major factor in overall economy and efficiency. Discussed are: objectives of the program, design of clothing currently used, less conspicuous marking of clothing, improved mending services delegated to individual cottages, control of clothing supplies and linen, as well as control of cleaning rags.

#### CONVALESCENCE--RECREATION

See 1468.

#### DANCING

See 1520.

## DEAF

1451. Goodhill, Victor (2007 Wilshire Blvd., Los Angeles 57, Calif.)  
Deafness in children; a 1956 view. Volta Rev. Oct., 1956. 58:8:333-336.  
In this paper delivered at the 1956 Summer Meeting of the Alexander Graham Bell Association for the Deaf, Dr. Goodhill discusses problems associated with "nerve deafness." Progress in pathology, etiology, diagnosis, and treatment as currently seen are examined. He stresses the fact that the audiometer is only a tool in the hands of the diagnostician. There is need for a review of audiologic techniques. He views nerve deafness not as a single disease but rather as a symptom of many diseases, and urges early diagnosis and the elimination of oversimplification of the problem, which is confusing to parents.

## DEAF--PARENT EDUCATION

1452. Magner, Marjorie E. (Clarke School for the Deaf, Northampton, Mass.)  
Home and parent guidance in England. Volta Rev. Oct., 1956. 58:8:341-345, 348.  
In same issue: The parents speak in open forum; (a panel discussion), p. 351-361.  
The writer, Fulbright scholar, spent the entire school year of 1954-55 in England observing home training and parent guidance work. Described here are specific aspects of the work observed in the guidance clinic at the University of Manchester under Dr. and Mrs. A. W. G. Ewing, internationally famous educators of the deaf. A typical case history of their methods with one child and her parents is presented. Parents were urged to provide a "talking environment," shown how to aid the child in lipreading and in use of the hearing aid.  
The second article presents views of six parents who participated in a panel discussion of home and parent guidance.

## DEAF--BLIND

1453. Kinney, Richard (Hadley Correspondence School for the Blind, 620 Lincoln Ave., Winnetka, Ill.)  
How to make a friend of your deaf-blind client. New Outlook for the Blind. Oct., 1956. 50:8:308-309.  
The author, who became deaf after beginning his education as a blind student, is able to understand the frustrations of a double handicap and how little courtesies toward the deaf-blind can make them feel at ease and promote friendly relations. Those working with the deaf-blind will need to make their warmth and interest in the individual apparent through use of some communication method.

## DEAF-BLIND--EMPLOYMENT

1454. American Foundation for the Blind (15 W. 16th St., New York 11, N. Y.)  
Training and employment of deaf-blind adults; report on a workshop held in New York City, February 6-9, 1956, sponsored by the . . . New York, The Foundation, 1956. 32 p. front. (No. 4, Group reports)  
Covers findings and observations of a four-day workshop confined to consideration of the needs of blind persons with severe hearing loss (those who cannot follow connected discourse through the ear, even with maximum amplification). Discussed were: initial case finding; forms

#### DEAF--BLIND--EMPLOYMENT (continued)

used by direct-service and case-finding agencies; methods of communication with the deaf-blind; employment in competitive industry; in a sheltered workshop, industrial homework and self-employment; and recommendations of the Workshop. Comments from participants and a most interesting letter from a deaf-blind worker employed in a factory during the war are included.

#### DENTAL SERVICE

1455. Adelson, Jerry J. (Flower Hosp. Retardate Clinic, 30 W. 59th St., New York 19, N.Y.)

Dental care and management of the mentally retarded child. Am. J. Mental Deficiency. Oct., 1956. 61:2:399-401. Reprint.

Discusses dental problems peculiar to the retarded child, aspects of preventive treatment, retarded individuals classified as to types of dental patient, and techniques of management according to type. Techniques are applicable both to institutional and private practice.

1456. Chatham, John W.

The role of the dentist in a school for the mental defectives. Am. J. Mental Deficiency. Oct., 1956. 61:2:341-347.

Various types of mentally retarded children present specific problems in dental care; provision of dental care in the institution poses many problems. It is suggested that the institution should have its own modern dental equipment and wherever possible, its own resident dentist. A dental health program for the institution is outlined and the role of the dentist participating in the program defined. A suggested daily schedule is included.

1457. Lyons, Don Chalmers (420 W. Michigan Ave., Jackson, Mich.)

An evaluation of the effects of cerebral palsy on dentofacial development, especially occlusion of the teeth. J. Pediatrics. Oct., 1956. 49:4:432-436.

From observations based on the examination of 280 children over an eight-year period in a crippled children's summer camp, Dr. Lyons believes that abnormal muscle function, as seen in cerebral palsy, has a molding effect upon the positioning of erupting teeth. Correction of malocclusion is difficult in the cerebral palsied, due to lack of ability in the child to cooperate with the orthodontist. If muscle movements are controlled as much as possible by the use of available medicaments during the critical period of eruption of the permanent teeth and if more attention is paid to preservation of teeth until their exfoliation, many cases might develop a lesser degree of malocclusion.

#### DRUG THERAPY

1458. Garrett, G. M. (Umgeni Waterfall Institution, Howick, Natal, S. Africa)

Mephenesin carbamate in the treatment of spastic paralysis, by G. M. Garrett and M. Minde. S. African Med. J. Sept. 8, 1956. 30:36:864-866.

A report of results of the administration of mephenesin carbamate (Tolseram) on 10 spastic patients, all certified mental defectives of various grades and all suffering from severe spastic disorders of various types.



#### DRUG THERAPY (continued)

Five cases showed some improvement over the 8 weeks' period of treatment and, of these, 3 showed a striking improvement. A brief description of individual cases and their responses is given.

1459. Harris, Russell D. (605 N.W. 10th St., Oklahoma City 3, Okla.)  
Reserpine in cerebral palsy, by Russell D. Harris and Elizabeth H. Rowley.  
J. Pediatrics. Oct., 1956. 49:4:398-400.

A report of a pilot study on the use of reserpine (Serpasil) with 27 children ranging in age from 2- to 12 years, including cases of spasticity, rigidity, ataxia, and various types of athetosis. A controlled evaluation of use of the drug with 42 children (including the original 27) was made following the pilot study. Results are evaluated and 4 unselected case histories are included. The writers feel that the drug was a helpful adjunct in the training program for cerebral palsied children, especially beneficial in allaying tension in tension athetosis and tremor in tremor athetoids. They found that dosage must be individualized in each child. Very few side effects were noted.

See also 1479.

#### ELECTROENCEPHALOGRAPHY

1460. Beckett, Peter G. S. (Dept. of Psychiatry, Mayo Foundation, Rochester, Minn.)

The electroencephalogram and various aspects of mental deficiency, by Peter G. S. Beckett, Reginald G. Bickford, and Haddow M. Keith. A.M.A. J. Diseases of Children. Oct., 1956. 92:4:374-381.

A report of results and electroencephalographic findings of 74 patients selected because of the presence of mental retardation in the absence of clinical epilepsy. Of the group 93 per cent were less than 16 years of age. Results, in part confirming the work of others, indicate that there may be no detectable electroencephalographic abnormality in patients with gross intellectual defect. The authors believe it is possible that in intellectually deficient patients the primary defect is not cortical in location and hence may require depth electroencephalographic studies before the neuronal anomaly can be found. When gross encephalographic abnormalities were present in this series, they occurred in the lower-grade defective, and particularly, in children in whom there was evidence of hyperkinetic behavior. The significance of these abnormalities in hyperkinetic children and the possible relationship of the syndrome to epilepsy were discussed. It is suggested that anticonvulsant medication may be helpful in such instances.

#### FRACTURES

See 1526.

#### HANDICAPPED--BIOGRAPHY

1461. L'Etang, H. J. C. J. (25 Connaught Mansions, Prince of Wales Dr., Battersea, London, S.W. 11, England)  
"Category" men. Practitioner. Sept., 1956. 177:328-332. Reprint.

#### HANDICAPPED--BIOGRAPHY (continued)

Cited here are a number of military and naval leaders who have rendered useful, and often distinguished, service in spite of physical handicaps. Examples from three groups of service men--commanders and staff officers, air crew, and front line troops--of various countries are given. Disabilities include blindness, amputation, hypertension, coronary thrombosis, atherosclerosis, gout, arthritis, poor vision, deafness, stomach disorders, and a variety of other disorders.

See also 1521.

#### HARD OF HEARING--PROGRAMS

1462. Wallace, Helen M. (Univ. of Minn. School of Public Health, Minneapolis, Minn.)

Community program to provide hearing services, by Helen M. Wallace (and others). J. Am. Med. Assn. Oct. 20, 1956. 162:8:719-723.

A report of a survey of 24 agencies providing services for patients with hearing problems in New York City to determine what personnel, facilities and programs would be considered adequate for complete, integrated service. For maximum usefulness, a rehabilitation center for the hard of hearing needs medical supervision by otologists and pediatricians, and paramedical skills supplied by audiologists, speech therapists, nurses, social workers, and psychologists. The necessary physical facilities and equipment, location, and cost of financing are discussed.

See also 1522.

#### HEART DISEASE

1463. Whitehouse, Frederick A. (Am. Heart Assn., 44 E. 23rd St., New York 10, N. Y.)

Rehabilitation and the cardiac. New York, The Author, 1956. 5 p. Mimeo.

"Remarks by... at a meeting of Cardiovascular Program Directors, Estes Park, Colorado, June 15, 1956."

The writer states his concept of the philosophy of rehabilitation and discusses how cardiac rehabilitation differs from other disability rehabilitation. Responsibilities of the average physician in cardiac rehabilitation are mentioned briefly.

See also 1506.

#### HEART DISEASE--ISRAEL

1464. Szabo, Moshe A. (Manhattan Cardian Project, Bureau for Handicapped Children, 341 E. 25th St., New York, N. Y.)

Prevalence of heart disease among school children in Israel, by Moshe A. Szabo and Lucille J. Ross. J. Pediatrics. Oct., 1956. 49:4:417-424.

A report of a cardiac survey of 2,556 children attending fifth and sixth grades in Jerusalem, Tel Aviv, and Haifa schools in Israel. Methods of the study and data are included. Findings are compared with two similar surveys made in Colorado and Florida. Seven-tenths per cent of the

#### HEART DISEASE--ISRAEL (continued)

children in the present study were found to have organic heart disease on physical examination. That the prevalence of rheumatic heart disease was similar in the three groups is particularly interesting and perhaps of etiological significance since the socio-economic background of the Israel group differed greatly from that of groups in the United States.

#### HEART DISEASE--EMPLOYMENT

1465. Thompson, William Best (528 N. W. 12th St., Oklahoma City 3, Okla.)

The cardiac strikes oil, by William Best Thompson and Camp S. Huntington. Indust. Med. and Surg. Oct., 1956. 25:10:463-465. Reprint.

In this report of a preliminary survey of the ability of the cardiac to return to productive work, data from the records of 432 employees of the Phillips Petroleum Company show type of heart disease, job classification, age and job classification in the hypertensive group, and similar figures for the arteriosclerotic group. Management of cases by cooperation between industry and the private physician resulted in the finding that the cardiac can and does work productively with proper job classification. It is the undiagnosed cardiac who poses the problem; through proper education by his personal or industrial physician on the value of periodic physical examinations, he can be recognized and properly evaluated for work within his limitations.

#### HEART DISEASE (CONGENITAL)

See 1507.

#### HEMIPLEGIA--MEDICAL TREATMENT

1466. Piersol, George Morris (Univ. of Pennsylvania Med. School, Philadelphia 4, Pa.)

Drug therapy in ambulatory hemiplegia and degenerative joint disease, by George Morris Piersol and William J. Erdman. Indust. Med. and Surg. Oct., 1956. 25:10:495. Reprint.

Reports an experiment conducted under the direction of Dr. Piersol on patients being treated in the Dept. of Physical Medicine and Rehabilitation, University Hospital, Philadelphia. All were ambulatory hemiplegics or patients with x-ray evidence of degenerative joint disease of the cervical vertebrae and all complained of shoulder and arm pain. Drugs used to relieve pain and spasticity were: (1) sodium salicylate, (2) a placebo, lactose, and (3) a combination of sodium salicylate (250 mg.) with mephenesin (250 mg.). Findings were that sodium salicylate combined with mephenesin gave better relief from pain and spasticity than mephenesin alone and was far superior to sodium salicylate alone. It was a definite aid to physical therapy procedures in the rehabilitation of these patients.

#### HIP--DISLOCATION

1467. Craig, William A. (2400 S. Flower St., Los Angeles 7, Calif.)

Congenital dysplasia and dislocation of the hips: 1. Diagnosis and orthopedic treatment, by William A. Craig; 2. Nursing care in the hospital, by Mary L. Hamra; 3. Nursing care in the home, by Ita McDermott and Enrica Nicholson. Am. J. Nursing. Oct., 1956. 56:10:1274-1280.



#### HIP--DISLOCATION (continued)

Dr. Craig discusses the incidence and diagnosis of dysplasia, treatment by splints and casts, stretching of the adductor muscles, and occasional surgery. Miss Hamra tells of the responsibility of the hospital nurse in recognizing the condition, nursing procedures in caring for the hospitalized child, care of splints and casts, and care following surgery. Interpreting treatment plans to the parents is also her duty. Miss McDermott and Mrs. Nicholson describe the role of the public health nurse in detection, pre-operative and postoperative care and supervision, and explanation of the treatment plans, especially after casts have been removed. Specific recommendations and information on general health care are needed to impress parents that treatment does not end when the operative procedure is over.

#### HOMEBOUND--RECREATION

1468. Red Cross. American National Red Cross (Washington 13, D.C.)

Service to and by home-bound and hospitalized children. Washington, D.C., Am. Natl. Red Cross, 1956. 13 p.

A booklet prepared to give additional guidance to Red Cross chapters for improving and extending Junior Red Cross service programs. In it are defined the need of hospitalized and homebound children "for opportunities for self-expression, for the development of proper attitudes and skills, and for the creation of new interests and wider horizons." Pointed out are ways in which the Red Cross can help to meet these needs, how cooperation between the chapter and community can provide needed services, types of programs suitable for these children, program objectives, and steps in promoting a meaningful program. Special projects for the hospitalized and homebound are suggested and listed under appropriate age groups.

#### HOSPITALS--ADMINISTRATION

1469. American Hospital Association (18 E. Division St., Chicago 10, Ill.)

Bookkeeping procedures and business practices for small hospitals; handbook on accounting, statistics and business office procedures for hospitals, Section 2. Chicago, The Assn., c1956. 170 p. illus. (M34-56)

Developed along the lines of accounting and statistical recommendations presented in Section 1 of the "Handbook on Accounting, Statistics and Business Office Procedures for Hospitals," published in 1950 by the American Hospital Association, this publication offers a workable and practical guide for financial management of the small hospital (up to 100 beds). It does not intend to illustrate a "bookkeeping system" as such nor to support any illustrated procedure over others; the material is based upon generally accepted accounting principles successfully employed in hospitals of this size. Illustrations consist of the wide variety of forms and records necessary to such procedures. A useful check list of supplies, expenses, and equipment commonly used in hospitals is given in the appendix to aid in distinguishing between items to be charged to capital and those charged to expense.

1470. Wallace, Helen M. (Univ. of Minn. School of Public Health, Minneapolis, Minn.)

Analysis of a hospital consultation program, by Helen M. Wallace (and others). Public Health Rep. Oct., 1956. 71:10:967-973.

## HOSPITALS--ADMINISTRATION (continued)

Reports findings of a survey of results of consultation to hospitals participating in the New York City Dept. of Health's program for orthopedically handicapped children. Data are concerned with policies and procedures, personnel, accreditation, physical plant and equipment. Unexpected conditions reported were: 1) unevenness existing in quality of care given by the 25 hospitals participating, 2) children being kept in hospitals longer than need be, and 3) more hospitals approved for care of the orthopedically handicapped under the program than are probably needed. Areas in need of further strengthening and interpretation include outpatient care, pediatric care, development of departments of physical medicine and rehabilitation and the team concept.

A description of the hospital consultation service was reported in an article by the same author (and others) in J. Pediatrics, Nov., 1955, and annotated in Bulletin on Current Literature, Dec., 1955, #1298.

## HOSPITALS--DESIGNS AND PLANS

1471. Allen, John French

How not to build a hospital. Modern Hosp. Oct., 1956. 87:4:57-60.

A discussion of the errors--sociological, fiscal, and architectural--made in planning and building Maimonides Hospital, San Francisco. Planned as a rehabilitation center for the chronically ill, it proved to be architecturally unsuitable for economic operation. What remains, currently, of the rehabilitation program at Maimonides will be transferred to Mount Zion Hospital, directly across the street, where there will be a rehabilitation unit housing 20 inpatients and facilities for an outpatient program. Lack of community support, poor architectural planning from the hospital standpoint, and the impracticability of connecting it with Mount Zion Hospital by a tunnel or bridge are only a few of the problems which contributed to the hospital's mounting deficit. Suggestions have been made for a future use of the building but nothing concrete has materialized.

## INSURANCE (DISABILITY)

1472. Wells, R. Lomax, (Chesapeake and Potomac Telephone Co., 725 13th St. Washington 5, D.C.)

The problem of disability certification. South. Med. J. May, 1956. 49: 5:529-533. Reprint.

A discussion of the reasons for need of disability certification, where the responsibility for providing certification lies, the need for shortened, simplified certification forms and the information which they should contain, and the value to interested parties of accurate, prompt reporting of disability. Suggestions for lessening the problems of certification are given.

## MENTAL DEFECTIVES

1473. Humphreys, Edward J. (Norristown State Hosp., Norristown, Pa.)

Widening psychiatric horizons in the field of mental retardation. Am. J. Mental Deficiency. Oct., 1956. 61:2:390-398.

Suggests that the psychiatrist working in the field of mental retardation explore more widely the literature and experience of his own and allied fields, turn his attention to clinical research, gain experience in both the state school and state hospital and in the community at large. Some research problems which might be explored further are mentioned. The psychiatrists' role in governmental and community programs on mental health is defined, and three areas for service in mental retardation are outlined.



#### MENTAL DEFECTIVES (continued)

In this same issue: Historical background for present developments of the American Association on Mental Deficiency, Neil A. Dayton, p. 298-301. Describes some early research efforts of the author and the Association and reports progress in the growth of the organization.

Also: The challenge to the Association presented by its new opportunity, George Tarjan, p. 302-308. A discussion of current research in mental retardation promising a brighter future for service by the Association. Bibliography.

1474. Smith, H. W. (Alexandra Institution, Maitland, Cape, South Africa)

Nursing mentally defective babies; whose responsibility is it? S. African Med. J. Sept. 15, 1956. 30:37:881-882.

Using two illustrative cases, the author stresses that the best nurse for the mentally defective baby is its mother. The child will have more opportunity for emotional growth and mental development in the home and it will provide him with a fair chance to show the final intellectual level and the possibilities for placement in a special class for backward pupils. Social and welfare agencies can supervise the home where necessary.

See also 1450; 1455; 1456.

#### MENTAL DEFECTIVES--PENNSYLVANIA

1475. Philadelphia Commission on the Mentally Retarded (Mr. Hans C. Gordon, Chairman, Philadelphia Public Schools, Administration Bldg., Parkway at 21st St., Philadelphia, Pa.)

A study of the problem of mental retardation in the City of Philadelphia; a progress report of the. . . Philadelphia, The Commission, 1956. 57 p. tabs. Mimeo. Spiral binding.

A report of a survey of the nature and scope of the problem of mental retardation in Philadelphia. In the study mental retardation is defined and identified, existing and potential resources for solution of the problem are listed for Philadelphia and the country as a whole, and previous studies of incidence in other states are cited. Detailed data for Philadelphia are given on: incidence, diagnostic and clinical services available, education and training in the area, work with young adults past school age, intelligence levels and associated handicaps, employment of the mentally retarded, residential care, medical and surgical treatment. Recommendations are made for broader legislation to meet the needs of the mentally retarded and their parents.

Those interested in making similar surveys will find this a useful publication on the implementation of programs for better understanding of this community problem.

#### MENTAL DEFECTIVES--BIBLIOGRAPHY

See 1530.

#### MENTAL DEFECTIVES--DIAGNOSIS

See 1460; 1529.



## MENTAL DEFECTIVES--EMPLOYMENT

1476. Geisler, Leon (718 F Street, Ramona, Calif.)

Social, legal, and educational aspects of a work experience program for mentally retarded students on the secondary school level. Am. J. Mental Deficiency. Oct., 1956. 61:2:352-361.

Legislation limiting work opportunities for children under 16 and providing for compulsory education for all, including the mentally retarded, make it highly necessary for schools to provide work experience. Excerpts from the California Education Code are especially appropriate for the retarded adolescent high school pupil. Discussed is a work experience program for the retarded on a volunteer basis with the parents' approval. Values of such a program in life adjustment are considered.

1477. Guralnick, David (Div. of Voc. Rehab., 200 Fourth Ave., New York, N. Y.)

Vocational rehabilitation services in New York City for the mentally retarded; an analysis of 248 cases, 1953-1955. Am. J. Mental Deficiency. Oct., 1956. 61:2:368-377.

An analysis of cases successfully rehabilitated and a separate and corresponding analysis of unfeasible cases, from the New York City office of the Division of Vocational Rehabilitation, offer some definite impressions concerning levels of mental retardation which make vocational rehabilitation feasible. One of the conclusions was that additional services and resources were needed to facilitate absorption of the retarded disabled into the working population. Physical disability and emotional impairment impede vocational adjustment; illiteracy ranks second as a hindering factor.

## MENTAL DEFECTIVES--INSTITUTIONS

1478. Fish, Charles H. (Sonoma State Hosp., Eldridge, Calif.)

Admission procedures and policies in state institutions for the mentally retarded, by Charles H. Fish and Charles G. Foster. Am. J. Mental Deficiency. Oct., 1956. 61:2:317-327.

Replies to a questionnaire sent to 100 state institutions in the United States and Hawaii for the care and treatment of mental defectives and epileptics were received from over two-thirds of the hospitals. Admission procedures and policies, as described in replies, were evaluated and compared with those of Sonoma State Hospital. The point system used in evaluating activities and functions of the hospitals is discussed; statistics are included on procedures for filing application for admission, fees charged for hospital care, number on waiting list, in-patient population, patients on leave, age limit for application, intelligence limits, use of sterilization, preliminary screening, type of screening, and percentages of the mentally retarded in state populations and in state institutions.

In this same issue: Administrative planning and population forecasting, Albert J. Shafter and Rodney M. Coe, p. 337-340. Describes the value of population forecasting which is limited by the fact that the forecast is based on present trends continuing to operate. It cannot account for or anticipate administrative and policy changes. A forecast made at Woodward State Hospital, Woodward, Iowa, illustrates the use of findings in long-range planning.

#### MENTAL DEFECTIVES--MEDICAL TREATMENT

1479. Kugelmass, I. Newton (1060 Park Ave., New York, N. Y.)

Psychochemotherapy of mental deficiency in children. Internatl. Rec. Med. and General Practice Clinics. June, 1956. 169:6:323-338. Reprint.

Reviews briefly the literature on the mechanism of action of some newer psychochemotherapeutic agents and discusses the comparative effect of various drugs on alimentary disorders, body manipulations, motor disorders, emotional, behavioral, and sleep disorders of mentally defective children. The clinical applications of various drugs and treatment recommended for a variety of motor and behavioral disorders are explained. Observations are based on a 5-year study by the writer.

#### MENTAL DEFECTIVES--PARENT EDUCATION

1480. Bakwin, Harry (132 E. 71st St., New York 21, N. Y.)

Informing the parents of the mentally retarded child. J. Pediatrics. Oct., 1956. 49:4:486-498.

Dr. Bakwin describes a variety of conditions, assembled under the general heading of pseudofeeble-mindedness, which may cause confusion in diagnosis and make it difficult to form a prognosis on the permanence or impermanence of slowness in children. He discusses history-taking and physical examination of the slow child, and how the physician should inform parents, once he has come to a firm decision that the child is feeble-minded. Gives suggestions for answering the wide range of questions which parents ask.

#### MENTAL DEFECTIVES--SPECIAL EDUCATION

1481. Weiss, Walter F. (Muscatatuck State School, Butlerville, Ind.)

Education of the educable and trainable child at Muscatatuck State School, a modern rehabilitation center. Am. J. Mental Deficiency. Oct., 1956. 61:2:348-351.

Seven departments--Rehabilitation, Psychology, Business Administration, Social Service, Medical Services, Colony (Cottage) Life, and Volunteer Services--operate as a team to provide the special type of education fitted to the present and future needs of retarded children. Organization of the Special Education unit (part of the Rehabilitation Department) is discussed and the curriculum and special facilities described.

See also 1510.

#### MENTAL DISEASE

1482. J. Rehabilitation. July-Aug., 1956. 22:4.

Special issue: Mental illness and health.

Contents: Rehabilitation concepts in mental hospital practice, Jay L. Hoffman. -The stigma of mental illness, Charlotte Green Schwartz. -The mental hygiene team in a rehabilitation center, Harold Chenven. -Counseling recovering psychotics, P. M. Sessions.

#### MUSCLES--TESTS

See 1492; 1523; 1524.

## MUSCULAR DYSTROPHY

1483. Pelletier, Charles J. (817 E. Eight Mile Rd., Hazel Park, Mich.)

The present status of muscular dystrophy. J. Mich. State Med. Soc.  
Oct., 1956. 55:10:1237-1239.

Describes pseudo-hypertrophic, juvenile, fascioscapulohumeral, and mixed types of muscular dystrophy, their symptoms, and special problems presented by each type. Aspects of clinical diagnosis and results of research are discussed. A program of physical therapy and management of the patient is recommended. Bibliography.

## MYASTHENIA GRAVIS

1484. Osserman, Kermit E. (4 E. 89th St., New York, N. Y.)

Studies in myasthenia gravis; Part I, Physiology, pathology, diagnosis and treatment; Part II, Relationship of thymus to myasthenia gravis. N. Y. State J. Med. Aug. 15 & Sept. 1, 1956. 56:16 & 17.. 2 pts. Reprint.

Reviews the literature on physiology, pathology, diagnosis and treatment of the condition, drug therapy, and the relation of the thymus gland to myasthenia gravis. Necessity or advisability of thymectomy is discussed; the weight of statistics currently favors surgical intervention in young females. Some conclusions were: 1) a definite pediatric form of myasthenia is now recognized, 2) a new operation, carotid sinus denervation, has been reported in the foreign literature but has not been performed in the United States, and 3) a rapid diagnostic test, Tensilon, has proved valuable in differential diagnosis of muscular weakness and useful in evaluating and stabilizing treatment requirements. Bibliography of 305 references.

Reprints available from Myasthenia Gravis Foundation, 2 E. 103rd St., New York 29, N. Y.

## NEUROLOGY

See 1524.

## NURSING

1485. Fox, Virginia (V.A. Hosp., Kecoughtan, Va.)

The long-term patient; a new challenge to nursing, by Virginia Fox and Ruth W. Spain. Nursing Outlook. Oct., 1956. 4:10:559-561.

Describes an intermediate service at the Kecoughtan V. A. Hospital, the problem of providing facilities for the unit, size of the nursing staff and the inservice education program for nurses. The planned staff education program has resulted in many tangible accomplishments. The article sheds new light on rehabilitation and the role of nursing personnel in the program.

## NURSING

See also 1525.

## NURSING--BIBLIOGRAPHY

See 1525; 1530.



## OCCUPATIONAL THERAPY

See 1520.

## ORTHOPEDICS

See 1526.

## PARAPLEGIA

See 1511.

## PARAPLEGIA--MENTAL HYGIENE

1486. Comarr, A. Estin (Paraplegic Service, V.A. Hosp., Long Beach, Calif.)

Psychologic aspects of disturbed neuromuscular functioning in the paraplegic. Am. J. Surgery. Feb., 1956. 91:2:149-151. Reprint.

An editorial.

A discussion of the neurologic and organic problems affecting psychological adjustment of the paraplegic patient. In spite of these, the physician and psychologist return a good percentage of remarkably adjusted and well rehabilitated patients to the community.

## PARAPLEGIA--PHYSICAL THERAPY

See 1527.

## PARTIALLY SIGHTED--EQUIPMENT

See 1499.

## PARTIALLY SIGHTED--MENTAL HYGIENE

1487. National Society for the Prevention of Blindness (1790 Broadway, New York 19, N.Y.)

Social and emotional adjustment of school children with eye handicaps; a multiple discipline approach; a panel discussion. Sight-Saving Rev. Fall, 1956. 26:3:156-162.

In planning this panel discussion, personnel from Evanston, Ill., public elementary schools were chosen to present the problems of one particular partially seeing child who illustrated, through his experience in school, the various services which may be necessary after medical care has been given. Special services and a team approach are necessary for best results in working with the partially seeing. Presented at the annual conference of the Society, Chicago, March 27, 1956.

## PARTIALLY SIGHTED--PROGRAMS

See 1528.

## PARTIALLY SIGHTED--SOCIAL SERVICE

1488. Henrich, Laura Jane (Buffalo General Hosp., Buffalo, N.Y.)

Medical social work with eye patients. Sight-Saving Rev. Fall, 1956. 26:3:148-153.

The social worker can aid the person with visual loss in mobilizing his personal strengths for optimum community adjustment. This calls for understanding by the social worker of the personal meaning of visual loss,

# PARTIALLY SIGHTED--SOCIAL SERVICE (continued)

Reaction to such a loss and the problems of adjustment are perhaps greater than those of persons definitely faced with blindness. The social worker can help patients in preparation for surgery, in referring those in need of psychiatric consultation, in making critical decisions, by giving emotional support, and in the working out of personal problems of a social or financial nature.

## PHYSICAL MEDICINE

1489. Baker, Frances (1 Tilton Ave., San Mateo, Calif.)

Movement in diagnosis and treatment. J. Am. Med. Assn. Oct. 13, 1956. 162:7:635-637. Reprint.

Dr. Baker stresses the need for studying a patient's movements before making a physical diagnosis; equally, such study is the basis for treatment of locomotor dysfunction by exercise. Beyond the information provided by research, the doctor interested in the relief of crippling disease must develop not only his sense of observation, but a fine sense of feel and of manual dexterity. The physiatrist, in his use of physical agents to diagnose and treat disease, must understand, perform, and teach exercise for re-establishing functional movement to as nearly normal as the pathology will permit. (See also #1494)

## POLIOMYELITIS

1490. Bennett, Robert L. (Georgia Warm Springs Foundation, Warm Springs, Ga.)

Evaluation of end-results of acute anterior poliomyelitis. J. Am. Med. Assn. Oct. 27, 1956. 162:9:851-854.

Assessment of end-results of poliomyelitis may be made any time after the phase of rapid recovery has taken place and the patient is old enough chronologically, and in the duration of illness, to have had all the necessary treatment, Dr. Bennett states. He discusses factors which determine recovery, regardless of treatment, and some of the more important criteria by which effectiveness of treatment can be determined. Evaluation must be made on an individual basis and end-results are considered adequate when the patient has achieved the highest possible degree of safe physical independence within the limits imposed by factors over which there is no control. An intelligent adjustment to residual physical handicaps is also necessary.

## POLIOMYELITIS--EQUIPMENT

See 1512.

## POLIOMYELITIS--MEDICAL TREATMENT

1491. Benton, Joseph G. (400 E. 34th St., New York 16, N. Y.)

Rehabilitation of the long-term respirator patient, by Joseph G. Benton and Bertrand C. Kriete. J. Chronic Diseases. Nov., 1956. 4:5:516-526.

Outlines a rehabilitation scheme for long-term respirator patients which takes into consideration medical, physiologic, psychologic, social, home care, educational and vocational aspects.

## POLIOMYELITIS--OCCUPATIONAL THERAPY

See 1514.

## POLYNEURITIS

1492. Marinacci, A. A. (1212 Shatto St., Los Angeles, Calif.)

The electromyogram in the diagnosis of acute infectious polyneuritis, with particular reference to the differential diagnosis between this disease and industrial injuries, by A. A. Marinacci and Carl W. Rand. Indust. Med. and Surg. Nov., 1956. 25:11:507-513.

Explains the principles of electromyography and its value in the diagnosis of certain clinical entities. It offers a more effective method than the clinical neurological signs in detecting the essential nature of acute infectious polyneuritis. Cases are presented to illustrate the discrepancy between clinical manifestations and electromyographic findings. The clinician is able to distinguish between the apparently focal lesion (which is in reality a diffuse lesion as a result of polyneuritis) and the direct isolated industrial nerve lesion. The authors stress, however, the necessity for interpretation of the electromyogram by a physician expert in this field and well acquainted with the peripheral nervous system.

## PROSTHESES

1493. Talley, William H. (U. S. Veterans Administration, Washington 25, D.C.)

The Prosthetic and Sensory Aids Service of the Veterans Administration. Orthopedic & Prosthetic Appliance J. Sept., 1956. 10:3:63-65, 67, 69, 71, 73, 75.

Describes administration and personnel of the Prosthetic and Sensory Aids Service of the Veterans Administration, its field service program, the newly organized New York Prosthetics Center, special field activities, the Prosthetics Research, Development, and Education program and, in a statistical summary, costs of the program, with a breakdown of costs of appliances supplied.

## PSYCHIATRY

See 1473; 1482; 1529.

## PSYCHOLOGY

1494. Lamb, Warren

Mental attitude towards rehabilitation; an approach through the study of movement. Rehabilitation. Summer, 1956. 18:25-27, 32.

The author sees, in the research of Rudolf Laban who spent many years studying the meaning of people's movement and codifying the elements of movement, a new approach to the assessment of attitudes and their analysis for purposes of reeducation. The rehabilitation counselor, through analysis of attitudes, is enabled to judge the client's aptitude and adaptability for certain jobs.

## PSYCHOTHERAPY

1495. Watson, E. Jane (Dept. of Psychiatry, Mayo Foundation, Rochester, Minn.)

Psychotherapy in facial disfigurement; report of a case, by E. Jane Watson and Adelaide M. Johnson. Proc., Staff Meetings Mayo Clinic. Oct. 3, 1956. 31:20:537-544.



## PSYCHOTHERAPY (continued)

Presents a case history illustrating that a child with a physical defect often considers the defect responsible for unrelated difficulties, especially the unhappiness of his relationships with his parents. The data support several concepts; 1) that profound emotional significance is associated with neurophysiologic body image, and 2) any surgical change in the body represents such a loss and strangeness as to constitute a potential threat to personality integration with consequent anxiety. Combined with past and present frustrations of the child's need to be loved for himself and as he is, this anxiety generates negative emotions towards adults, jealousy of other children, and motivation for revenge. Such emotions produce intense guilt, finding expression in self-destructiveness and misinterpretations of reality. Even when separation from the mother is not involved, these statements apply.

See also 1502.

## PUBLIC ASSISTANCE

1496. Page, Harry O. (Community Research Associates, 124 E. 40th St., New York 16, N. Y.)  
Progress toward control and prevention of dependency. Public Welfare. Oct., 1956. 14:4:200-206. Reprint.

Through the 1956 Amendments to the Social Security Act, provision is made for Federal entry into the field of cooperative research or demonstrative projects, aimed at developing better means for the prevention and reduction of dependency. This field has already been explored by Community Research Associates which currently has three projects in progress. This article presents an interim report on developments and findings in the Winona County, Minnesota, project which is focused on dependency. Methods employed in organizing and carrying out the project are described, with data included on the total welfare problem. Preventive and treatment aspects for solution of dependency needs are discussed. Potentiality for rehabilitation among dependent families with children is considered.

## PUBLIC ASSISTANCE--FLORIDA

1497. Cason, Turner Z. (Fla. State Dept. of Public Welfare, P. O. Box 989, Jacksonville, Fla.)  
Research plan for Florida's permanently and totally disabled indigents; analysis of 1,429 cases. J. Fla. Med. Assn. Sept., 1956. 43:243-252. Reprint.

An analysis of 1,429 records of applicants declared eligible for aid under the Florida State Department of Public Welfare's Aid to the Permanently and Totally Disabled program. Breakdown of the total into various categories of disease and disability is made. The severity of the problem of dependency and the burden such aid could place upon the taxpayer is discussed. A plan for research in the prevention and control of dependency and in the rehabilitation of the disabled is considered.

## READING

1498. Liguori, M., Sister (Most Holy Redeemer School, Evergreen Park, Ill.)  
Building reading readiness in blind children. New Outlook for the Blind.  
Oct., 1956. 50:8:295-302.

In this address delivered to parents of blind children, four phases in preparing the preschool blind child for eventual reading readiness are discussed. Ways are explained in which parents can aid children in comprehending language patterns, in developing normally and adjusting emotionally, in developing tactual ability and auditory discrimination, and in ability to interpret what is read.

## READING--EQUIPMENT

1499. Gordon, Dan M. (525 E. 68th St., New York 21, N. Y.)  
Magnification; practical applications of the principles of magnification to the problems of subnormal vision, by Dan M. Gordon and Charles Ritter. A. M. A. Arch. Ophthalmology. Nov., 1955. 55:11:704-716.  
Reprint.

A discussion of the application of the principles of magnification by various means for visual rehabilitation of those with subnormal vision. Briefly described are the available devices and their field of application. Techniques of history-taking and examination of the low-vision patient are outlined. The authors stress that no low-vision patient with measurable Snellen vision should be considered hopeless until he has been given a good trial with these devices.

## REHABILITATION

1500. Hoerner, Earl F. (Kessler Institute for Rehab., Pleasant Valley Way, West Orange, N. J.)

Teamwork in the treatment and rehabilitation of chronic illness.  
Canad. J. Occupational Ther. Sept., 1956. 23:3:85-90.

A definition of the terms "comprehensive rehabilitation" and "teamwork" and their application in the area of chronic illness. Dr. Hoerner lists ancillary services used in rehabilitation and how they work as a team. He affirms the need, however, for medical leadership. Responsibilities of the physician, as leader of the team, are discussed as well as the coordination of efforts and the dynamics of communication.

1501. Whitehouse, Frederick A. (44 E. 23rd St., New York 10, N. Y.)

Humanitation; a philosophy for human resources. New York, The Author, 1956. 14 p. Mimeo.

"Remarks by... at Ohio Welfare Conference, Toledo, Ohio, September 12, 1956."

Humanitation is defined as a philosophy seeking to establish a science and method for promoting the cultivation of man through the development of two major concepts--human economy and scientific economy. The application of this philosophy to community service and to rehabilitation in general is considered.

## REHABILITATION--BIBLIOGRAPHY

See 1530.

## REHABILITATION CENTERS--DESIGNS AND PLANS

See 1471.

## REHABILITATION CENTERS--PERSONNEL

1502. Chenven, Harold (400 First Ave., New York 10, N. Y.)

The mental hygiene team in a rehabilitation center. J. Rehab. July-Aug., 1956. 22:4:9-10, 23-26.

A description of the Social Adjustment Service and Mental Hygiene Clinic of the Institute for the Crippled and Disabled, New York City and the function of a team of professionals working together in the social, personal and emotional sphere of handicapped clients' problems. Treatment through individual and group psychotherapy for adults, play therapy for children, individual and group counseling of parents and other relatives are some of the services. A case history illustrates less direct ways in which emotional problems are handled.

## RHEUMATIC FEVER--STATISTICS

1503. Kuskin, Lawrence (209 Ocean Ave., Brooklyn 25, N. Y.)

The changing pattern of rheumatic heart disease; the experience in New York City Department of Health cardiac consultation clinics, 1943 to 1953, by Lawrence Kuskin and Morris Siegel. J. Pediatrics. Nov., 1956. 49:5:574-582.

Recent studies of the occurrence of rheumatic heart disease point to a decline in prevalence. This article, which analyzes clinical diagnoses of 65,044 examinations by the Cardiac Consultation Service Clinics of the New York City Health Department over a ten-year period, discusses methods of the study and resulting data. Relative frequency of detectable heart disease following a history of rheumatic fever in children referred to the consultation service decreased from about 60 per cent in 1943 to about 30 per cent in 1948, and has been maintained at the 30 per cent level since that time. Findings are consistent with source material by various investigators.

See also 1464.

## RELIGION

1504. The Christian Home. Aug., 1956. 15:8.

Theme of entire issue: Dealing with handicaps.

Contains articles, stories, photofeatures, and factual articles about a variety of handicaps, physical and mental; parents' problems; and ways of helping the handicapped to meet their special problems.

This issue available from The Graded Press, Pierce and Washabaugh, Publishing Agents, 810 Broadway, Nashville 2, Tenn., at 45¢ a copy.

## SCHOOL BUILDINGS

1505. U. S. Office of Education

The secondary school plant; an approach for planning functional facilities, by James L. Taylor.... Washington, D. C., Gov't. Print. Off., 1956. 64 p. illus., tabs. (Special publ. no. 5)



## SCHOOL BUILDINGS (continued)

Significant factors influencing increased demands for adequate school facilities are discussed; trends in secondary education and secondary school plants are considered from the viewpoint of planning more functional facilities. Covered are: the location of schools, furniture and equipment, characteristics of regular classrooms, special instruction rooms, general-use facilities, and an administrative suite. Long-range planning of facilities should be based on enrollment and holding power of schools, community characteristics, reorganization, and building needs. General procedures, techniques, and principles suggested here have been used successfully by many communities planning school plants. No attempt has been made in this publication, however, to set standards for school construction.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 45¢ a copy.

## SCOLIOSIS

1506. Gray, Frank D., Jr. (333 Cedar St., New Haven 11, Conn.)

Kyphoscoliosis and heart disease. J. Chronic Diseases. Nov., 1956. 4:5:499-507.

Presents clinical and physiologic data in 22 cases of kyphoscoliosis. As observed in this series, the natural history of the disease was similar to that of chronic pulmonary emphysema with cor pulmonale. Long-standing chronic pulmonary infection is probably an important contributing factor to the progressive character of pulmonary insufficiency. Ultimate failure of the respiratory and circulatory systems can be avoided only by preventing the kyphoscoliosis itself.

1507. Wright, Walter D. (Stanford Univ. Hospitals, Clay and Webster Sts., San Francisco, Calif.)

Congenital heart disease and scoliosis, by Walter D. Wright and John J. Niebauer. J. Bone and Joint Surg. Oct., 1956. 38-A:5:1131-1136.

A report on a study to determine whether scoliosis is more prevalent among patients with congenital heart disease than in the general population. Material consisted of 425 roentgenograms of patients with known congenital heart disease, taken from the files of Stanford University Hospitals. The series included 212 males and 213 females. Statistical data is presented. Results of the study revealed an incidence of scoliosis of 19 per cent in those over 14 years of age as compared with an incidence of 6 per cent in a control group of 200 patients of a like age. A predominance of right thoracic curvatures was revealed but there was no definite pattern which could be attributed to any one kind of heart disease.

## SHELTERED WORKSHOPS

1508. Kleber, C. C. (15 W. 16th St., New York 11, N. Y.)

Special workshops; history and development. New Outlook for the Blind. Oct., 1956. 50:8:303-305.

### SHELTERED WORKSHOPS (continued)

Traces the history of workshops for the blind from the first one opened in the United States in 1842 to the present day. Describes the scope of the program of National Industries for the Blind, founded by and affiliated with the American Foundation for the Blind to standardize and promote the sale of blind-made products on a non-profit basis. Purpose, organization and administration of workshops for the blind are covered briefly.

### SOCIAL SECURITY ACT

1509. Schottland, Charles I. (Social Security Administration, Washington 25, D.C.)

Social Security Amendments of 1956; a summary and legislative history. Soc. Security Bul. Sept., 1956. 19:9:3-15, 31.

A discussion of the wide range of changes in old-age and survivors insurance, public assistance programs, and child welfare services effected by the Social Security Amendments of 1956. A step-by-step history of legislative action involved in passage of the amendments is given.

### SPECIAL EDUCATION--ADMINISTRATION

1510. Disner, Evelyn (Roselle Public Schools, Roselle, N.J.)

Reporting to parents. Am. J. Mental Deficiency. Oct., 1956. 61:2: 362-367.

Describes a report card devised to be sent to parents of children in a recently established special class for the trainable mentally retarded in the Roselle, N.J., public schools. The philosophy and content of the card are discussed, and its form illustrated.

### SPECIAL EDUCATION--BIBLIOGRAPHY

See 1530.

### SPEECH CORRECTION--BIBLIOGRAPHY

See 1530.

### SPINE INJURIES

1511. Schneider, Richard C. (1313 E. Ann St., Ann Arbor, Mich.)

Chronic neurological sequelae of acute trauma to the spine and spinal cord: Part I, The significance of the acute-flexion or "teardrop" fracture-dislocation of the cervical spine, by Richard C. Schneider and Edgar A. Kahn. J. Bone and Joint Surg. Oct., 1956. 38-A:5:985-997.

The authors stress that recognition of this lesion is important from the standpoint of treating the immediate sequelae of the initial injury and for the prevention of chronic neurological deficit which may occur years after the traumatic episode if proper treatment is neglected. Several case histories illustrate problems associated with acute flexion or tear-drop fracture-dislocation, and indicate varying degrees of chronic compression of the anterior portion of the cervical spinal cord that may occur.

## SPLINTS

1512. Irwin, C. E. (Georgia Warm Springs Foundation, Warm Springs, Ga.)

Poliomyelitis; splints for the upper extremity. Orthopedic & Prosthetic Appliance J. Sept., 1956. 10:3:51-60.

A discussion of splints for the thumb, for the intrinsic of the digits other than the thumb, the long finger extensors and flexors, the wrist, the elbow and the shoulder. They have been designed and used for therapeutic reasons only and are in no sense recommended for permanent assistive or supportive equipment. Functions of the splints and indications for their use are described. Illustrated.

"The majority of this material and photographs was previously published in the American Academy of Orthopaedic Surgeons, Instructional Course Lectures, Vol. IX, Ann Arbor, J. W. Edwards, 1952, under the title 'Apparatus for the Upper Extremity Disabled by Poliomyelitis,' by C. E. Irwin, M.D....."

## SURGERY (PLASTIC)

See 1495.

## TUBERCULOSIS--GREAT BRITAIN

1513. Paviere, H. D. (Ford Motor Co., Dagenham, England)

The problem of the tuberculous from industrial viewpoint. Rehabilitation. Summer, 1956. 18:7-13.

In same issue: Changing problems in the restoration of the tuberculous, R. R. Trail, p. 2-6.

Experiences of the Ford Motor Co., Dagenham, England, over the past 8 years are described, stressing the dangers of allowing the chronic and so-called "arrested case" of tuberculous patient to be allowed to work in industry. Data from surveys of employees of the Ford Motor Company illustrate the magnitude of the problems of rehabilitation of the tuberculous.

The second article deplores the false sense of security which modern therapy in tuberculosis has produced. The folly of allowing the patient with a negative sputum culture to return to work too soon results in re-activation of the case in many instances. Rehabilitation is stressing more bed rest and recognizing the possible psychosomatic origins of disease, which call for psychological, as well as physical, rehabilitation.

## TYPING

1514. Driver, Muriel F. (Georgia Warm Springs Foundation, Warm Springs, Ga.)

The application of typing in the after-care of poliomyelitis, by Muriel F. Driver and Robert L. Bennett. Canad. J. Occupational Ther. Sept., 1956. 23:3:107-115.

A brief review of the normal upper extremity as it acts in typing, the upper extremity muscles most frequently involved in poliomyelitis, and the functions most frequently inhibited. The application of typing as a



## TYPING (continued)

therapeutic form of treatment in the conservative and functional phases of care are discussed. Purposes of treatment and necessary equipment are described. Both basic and adaptive devices are included. These techniques are also proving of value with neuromuscular disorders other than poliomyelitis.

## TYPING--EQUIPMENT

1515. Lascelle, Katherine (155 Maple Ave., Westbury, L. I., N. Y.)

A writing device for the severely handicapped. Am. J. Occupational Ther. Sept.-Oct., 1956. 10:5:260-262.

Describes an expanded keyboard applied to an electric typewriter, developed in the occupational therapy department of the United Cerebral Palsy Center of Nassau County, N. Y. The device, pictured with several adaptations, has been found effective in aiding the severely athetoid, or other handicapped person, to express himself with written words. Construction details are included, but dimensions vary with each patient and make of typewriter.

## VETERANS (DISABLED)

1516. Romano, James R. (Veterans Administration Center, Kecoughtan, Va.)

Planning for VA patients' discharge. Public Welfare. Oct., 1956. 14:4:207-211, 219-220.

Describes some special services available in the comprehensive medical treatment program of the Veterans Administration, both in the hospital and after discharge to the community. Coordination of services between the Veterans Administration, its regional offices, and community agencies insures progressive movement of discharged patients toward more normal patterns of living. The basis for collaborative approach to the discharged veterans' problems and the gaps occurring in services are reviewed.

See also 1433; 1461; 1485; 1521.

## VOCATIONAL GUIDANCE

1517. Whitehouse, Frederick A. (Am. Heart Assn., 44 E. 23rd St., New York 10, N. Y.)

The rehabilitation counselor as a professional. New York, The Author, 1956. 41 p. Mimeo.

"Remarks by... at Ohio State Workshop for Vocational Rehabilitation Counselors, June 11, 1956."

Assets which the rehabilitation counselor should have are: a philosophy of rehabilitation, a professional approach, a scientific attitude, a clinical method, and a team member's role where indicated. Each of these is discussed at length.

## VOLUNTARY HEALTH AGENCIES

See 1437.

## WORKMEN'S COMPENSATION

See 1472.

## NEW BOOKS BRIEFLY NOTED

### ARTHRITIS--BIOGRAPHY

1518. Orme, Eve

Reflections of an arthritic. London, Faber & Faber, 1956. 160 p.

The author of "My fight against osteo-arthritis," annotated in Bulletin on Current Literature, Sept., 1955, #1002, writes in this present book of her life after accepting the fact that no cure has been found for the disease. It is a very human and personal account of day-to-day happenings, thoughts and emotions, linked by memories of past happenings. Mrs. Orme makes few allusions to her battle with disease and its crippling effects but she does convey the feeling that life can be pleasant in spite of it all.

Published by Faber and Faber, Ltd., 24 Russell Sq., London, W.C. 1, England, at 10s 6d (approx. \$1.89) a copy.

### CEREBRAL PALSY--SPECIAL EDUCATION

1519. Schonell, F. Eleanor

Educating spastic children; the education and guidance of the cerebral palsied. New York, Philosophical Library, 1956. 242 p. illus., tables.

The author, well-known for her research work in England concerning the intellectual and psychological evaluation of the cerebral palsied, has also observed methods of treatment and special education for the cerebral palsied in Australia, the United States and Canada. From this combined experience and scientific research she offers both practical and scientific information of interest to parents and professional personnel. The book covers a definition and classification of types of cerebral palsy and a brief historical survey of developments in care and treatment in the United States, Great Britain, and Australia. It describes in detail the Birmingham research project, a medical and psychological survey; results of various tests for evaluating intelligence and physical, emotional, and social aspects of the problem; a scheme for the most suitable forms of provisions for cerebral palsied children with varying degrees of mental and/or physical handicaps; a description of Carlson House Experimental School for Spastics (in England); and chapters on the psychological and social aspects, habit formation, and parent counseling.

Published in the U. S. by Philosophical Library, Publ., 15 E. 40th St., New York 16, N. Y., at \$6.00 a copy.

### DANCING

1520. Woody, Regina J.

Janey and the summer dance camp. New York, Alfred A. Knopf, 1956. 29 p. illus.

## DANCING (continued)

Because Janey was fortunate enough to live across the road from the famous summer dance camp, Jacob's Pillow, she met the celebrated Indian dancer, Mr. Ram Gopal who taught her some of the hand gestures called "mudras." Not only did her knowledge of the fascinating language called "Kathakali" prove helpful in saving the audience from fire in the theater one night but through the use of her hands in learning the language, she overcame the stiffness of her wrist, broken in a fall from a tree. Various hand gestures are illustrated and can be used successfully for therapy; children 7 to 10 years of age might find motivation through the story.

## HANDICAPPED--BIOGRAPHY

1521. Fraser, Sir Ian, ed.

Conquest of disability; inspiring accounts of courage, fortitude and adaptability in conquering grave physical handicaps. New York, St. Martin's Pr., 1956. 224 p.

Contains personal stories of disabled persons, most of them British, who have overcome their handicaps and gone on to lead useful, interesting lives. Included are an account of Franklin D. Roosevelt's victory over poliomyelitis and an account by Lis Hartel, the famous Danish horse-woman who also was afflicted with poliomyelitis yet won an award in the 1952 Olympic Games. Other disabilities represented are blindness, color-blindness, deafness, the multiple handicap of blindness and amputation, paraplegia, amputation, alcoholism, stuttering, and the combined handicap of blindness and deafness. The editor of the book, blinded as a very young man, writes in his foreword of the adaptability, curiosity, invention and experimentation which the successful disabled display in adapting to the changes brought about in their lives by physical handicaps.

Available from St. Martin's Press, 103 Park Ave., New York 17, N. Y., at \$3.75 a copy.

## HARD OF HEARING--PROGRAMS

1522. American Public Health Association (1790 Broadway, New York 19, N. Y.)

Services for children with hearing impairment; a guide for public health personnel, prepared by the Committee on Child Health of the... New York, The Assn., 1956. 124 p. \$1.50, paperbound.

Another in the series of guides prepared by the Committee on Child Health on community services for handicapped children. Dealing with administrative aspects of the problem, it covers concepts and facts about hearing impairment, causes and prevention, case finding, diagnosis and planning for care, treatment, guidance and education, special services and facilities, organization of community resources, research, and program evaluation. Included in the appendixes are the identification of types of hearing impairment, a listing of national organizations concerned with problems of hearing and speech, a discussion of the values and uses of certain audiometric screening tests in hearing programs, and a con-



#### HARD OF HEARING--PROGRAMS (continued)

sideration of the normal development of speech, as well as other materials of interest to teachers and professional personnel engaged in hearing programs.

Cost of a complete set of the six guides published to date is \$7.65.

#### MUSCLES--TESTS

1523. Daniels, Lucille

Muscle testing; techniques of manual examination; 2d ed., by Lucille Daniels, Marian Williams and Catherine Worthingham. Philadelphia, W. B. Saunders Co., 1956. 176 p. illus.

A revision of a text, widely used since its first printing in 1946, it presents the techniques of manual muscle examination upon which proper physical treatment of muscle dysfunction and a later evaluation of the effectiveness of such treatment are based. Given in detail is technical information on muscle topography, muscle function, joint range, and nerve distribution. The revised publication includes a section on the testing of facial muscles. Manual muscle testing was used for the first time in a large scale clinical study in the evaluation of gamma globulin and in the field trials of the Salk vaccine. The method, though originally developed for use by workers in the field of poliomyelitis, may be utilized in evaluating muscular disability from other causes.

Available from W. B. Saunders Co., West Washington Square, Philadelphia 5, Pa., at \$4.00 a copy.

#### NEUROLOGY

1524. Mayo Clinic and Mayo Foundation for Medical Education and Research

Clinical examinations in neurology, by members of the Sections of Neurology and Section of Physiology... Graduate School, University of Minnesota, Rochester, Minnesota. Philadelphia, W. B. Saunders Co., 1956. 370 p. illus., tabs. \$7.50

Intended as a guide for Fellows of the Mayo Foundation, to facilitate mastery of the clinical neurologic examination, the text describes routines of procedure in the tests and their significance as related to anatomy, physiology and disease. Procedures for obtaining the neurological history, for conducting a thorough examination and in the administering of tests are given. Other chapters are devoted to: the cranial nerves; neuro-ophthalmology; the central integration of motor function and the specific study of muscle and reflexes; the sensory examination; mental function, language and motor speech; autonomic function; electroencephalography; electromyography and electrical stimulation of peripheral nerves and muscles; biochemical and pharmacologic aids in neurologic diagnosis; and examination of cerebrospinal fluid by lumbar and cisternal puncture. The chapter on various forms and charts for recording history and results of examination is based on neurologic record forms used at Mayo Clinic for approximately 30 years; their present form is the result of experience, trial and error. A discussion of special roentgenologic techniques has been omitted since these are readily available in other monographs and texts.

## NURSING

1525. Cowan, M. Cordelia, ed.

The yearbook of modern nursing, 1956. New York, G. P. Putnam's Sons, 1956. 446 p. charts, graphs. \$4.95.

This first yearbook of the nursing profession presents a summarization of progress in the profession during the past year; an imposing list of contributors--leaders in nursing, education, and specialties--have covered a wide range of topics dealing with significant developments which have implications in nursing education and for advancing the profession. The book is a compilation of original writings, digests and annotated bibliographies from the literature of nursing, medical, health, educational, scientific, and industrial management fields. Among special branches of nursing covered are orthopedic, neurologic, geriatric, rehabilitation, and pediatric nursing. Contains also a listing of organizations and agencies of importance to nurses and an index useful in locating all references.

## ORTHOPEDICS

1526. Key, John Albert

The management of fractures, dislocations, and sprains, by John Albert Key and H. Earle Conwell. St. Louis, C. V. Mosby Co., 1956. 1168 p. illus. (Sixth ed.) \$20.00.

The current and sixth revision of a textbook first published in 1929 for the student, general practitioner, and the surgeon as a working guide in the management of fractures, dislocations, and sprains. Forms of treatment described are those found reliable and practicable; in many cases treatment of complications arising from the injury and after-treatment of specific lesions have been emphasized. A special chapter on emergency treatment has been included as well as information on workmen's compensation laws and the medicolegal aspects in fracture cases. Each chapter has been thoroughly revised, with additions made both to the text and to the illustrations. Two chapters of the 5th edition have been deleted as being of too specialized a nature for inclusion in this type of textbook. The book contains more than 1,100 photographs, illustrations, radiographic reproductions, and sketches.

## PARAPLEGIA--PHYSICAL THERAPY

1527. Hobson, Elvira P. G.

Physiotherapy in paraplegia. London, J. & A. Churchill, 1956. 110 p. illus.

The author, for many years a co-worker of Dr. Ludwig Guttmann at the National Spinal Injuries Centre, Stoke Manville (England), discusses techniques and methods of physical therapy developed and employed at the Centre in the rehabilitation of paraplegics. Her writing reflects, also, her knowledge of physical therapy as practiced in the United States, gained in study at the Institute of Physical Medicine and Rehabilitation, New York City, under Dr. Howard A. Rusk. She contrasts the treatment of paraplegia in the past with present methods,

## PARAPLEGIA--PHYSICAL THERAPY (continued)

noting the great progress made in this field. Principles and methods of treatment are covered thoroughly, as well as the complications to which the paraplegic is prone. The value of sports in which the paraplegic can participate, occupational therapy and pre-vocational training in the rehabilitation program are stressed. A comparison of British and American methods is made. Material in the appendixes illustrates the value of early admission to the rehabilitation center after injury. Case notes on 3 patients with lesions at different cord levels are included. Contains a bibliography and index.

Published by J. & A. Churchill, 104 Gloucester Place, London, W. 1, England, at 12s 6d (approx. \$2.25) a copy.

## PARTIALLY SIGHTED--PROGRAMS

1528. American Public Health Association (1790 Broadway, New York 19, N. Y.)

Services for children with vision and eye problems; a guide for public health personnel, prepared jointly by the Committee on Child Health of the ... and the National Society for the Prevention of Blindness. New York, The Assn., 1956. 112 p. \$1.50, paperbound.

Another in the American Public Health Association's series of guides illustrating ways in which services for special groups of disabled children may be developed within the general pattern of community organization. Emphasis in this particular guide is on preventive and public health aspects of eye disability; pertinent medical, social and educational problems have been discussed from the standpoint of community planning. Also considered are the educational adjustments necessary for children with impaired vision.

The complete set of six guides published to date is available at \$7.65.

## PSYCHIATRY

1529. Foote, Estelle J.

Six children. Springfield, Ill., Charles C. Thomas, Publ., 1956. 317 p. charts. \$5.50.

After examining over 3600 children during the nine years in which she was in charge of the Traveling School Clinic of the Walter E. Fernald State School (Massachusetts), Dr. Foote found that the children with whom she worked could be classified into six fairly clear groups--the quick-thinking and the slow-thinking child, the brain injured, the emotionally mal-adjusted, the child of unusual cultural background, and the child of unusual training. The detailed information on Dr. Foote's observations and diagnoses, her suggestions on what can be done by parents, doctors, psychiatrists and school personnel to aid these children, should be very helpful in recognizing danger signs and handling problems of an emotional, physical or social nature. Also discussed briefly are the child with an unusual physical defect and the child identified as delinquent. A section of the book is given over to a discussion of the forms and charts used in Dr. Foote's examinations and diagnoses. Dr. Fernald's ten Fields of Inquiry were followed in obtaining complete information on each child diagnosed.



# REHABILITATION--BIBLIOGRAPHY

1530. Graham, Earl C. **Rehabilitation literature, 1950-1955; a bibliographic review of the medical care, education, employment, welfare and psychology of handicapped children and adults, compiled by Earl C. Graham and Marjorie M. Mullen.** New York, Blakiston Div., McGraw-Hill Book Co., 1956. 621 p.

A bibliography indexing and annotating 5,214 periodical articles, pamphlets, and books reflecting holdings of the Library of the National Society for Crippled Children and Adults. It brings together in one volume, in an alphabetical listing by subject, references published from January, 1950 through December, 1955. Approximately one-half of the entries are identified with the medical and associated therapy fields; the remainder are fairly equally divided among other professional areas of rehabilitation such as special education, psychology and mental health, social service, parent education, recreation, vocational guidance, and employment. References bearing on rehabilitation in a wide variety of disability areas are included; an author and subject index adds to the usefulness of the book. This book is supplemented by the monthly issues of Rehabilitation Literature, Selected Abstracts of Current Publications of Interest to Workers with the Handicapped, also compiled and published by the Library of the National Society for Crippled Children and Adults.

Distributed by the Blakiston Division, McGraw-Hill Book Co., 330 W. 42nd St., New York 36, N. Y., at \$13.00 a copy.





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